

# *The Fortnightly* **REVIEW** *of*

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## **The Prevention of Frequent Complications in Oral Surgery\***

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**I**n comparison to the numerous oral surgical operations performed each day, the number of complications which result is not large. It is possible, however, for the figure to be reduced even further. This can be readily accomplished by placing increased emphasis upon methods of prevention. Such an approach is particularly important since adequate therapeutic measures



**Dr. Laskin**

are, as yet, lacking for many of the more serious sequelae. It is the purpose of this paper to point out some of the simple procedures which the dentist can use to avoid undesirable reactions in his patients.

### **Preoperative Complications**

**Systemic Diseases:** The prevention of complications should begin with the careful preoperative evaluation of the patient.<sup>1</sup> The few minutes taken to elicit a

medical history will be most rewarding, for the most serious difficulties may be encountered in persons with certain systemic diseases. An example is the severe and sometimes fatal infections which can follow tooth extraction in a diabetic.

The patient should not only be questioned about specific illnesses, but also about the possible presence of various symptoms. The relationship of recurrent swelling of the ankles to an incompetent heart may not be obvious to the patient, but it should be highly suggestive to the dentist who receives this information. Besides asking about symptoms, the dentist should also look for various signs of systemic disease. Many conditions will present oral manifestations, while others may be detected by such simple procedures as examination of the skin, taking the pulse or looking at the nail beds.

When one suspects the presence of a complicating systemic disease, the diagnosis may often be confirmed by clinical laboratory tests. These may include serological and hematological tests as well as biochemical determinations on the blood and urine. Most of these procedures are not performed in the dental office. Urinalysis for glucose, however, is a simple office procedure which can be done in less than a minute with one of the commercially available testing kits. For

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this reason, it is inexcusable for a dentist to operate unknowingly on an uncontrolled diabetic patient.

There are some dentists who feel that they are protecting themselves against possible difficulties by referring any patient with a systemic disease to the oral surgeon for treatment. Such men, however, are hiding behind a wall of false security unless they are able to recognize such conditions. Serious complications will generally not be encountered when proper precautions are taken with the sick patient. The grave error is made when the unknowing practitioner treats the sick person as a normal individual.

**Preoperative Medication:** Sedatives are not only useful in making the apprehensive patient more amenable to oral surgery, but also in the management of certain medical-risk patients. The dire consequences which can arise from fear and apprehension in persons with certain forms of heart disease can generally be avoided by proper preoperative sedation. Similarly, sedation is helpful in preventing the elevation of blood sugar in the diabetic individual.

Antibiotics have been definitely overused as a routine preoperative medication. Moreover, the promiscuous use of these agents has produced conditions such as resistant infections and severe allergic reactions which are far more serious than the original conditions which they were supposed to prevent.<sup>2,3</sup> There are only a few instances where antibiotics should be used prophylactically. These include patients with a history of rheumatic fever, valvular heart disease, diabetes, glomeru-

lonephritis, and septic arthritis. In other patients, use of antibiotics should be withheld until specific indications arise.

Patients who are taking medications such as cortisone or insulin often require adjustment of the dosage preoperatively.<sup>4</sup> It is the responsibility of the dentist to determine the drug being used but he should not make the actual change in therapy. These changes are best accomplished in co-operation with the patient's physician who is more familiar with the case history.

**Anesthesia:** Failure to obtain proper anesthesia can rightfully be considered as a preoperative complication. It usually results from faulty technique due to lack of understanding of the regional anatomy rather than from the type of agent injected. The use of constant anatomic landmarks instead of such guides as the occlusal plane or the nail of the index finger will generally help to produce more consistently accurate results with local anesthetic agents.

When employing local anesthesia, the dentist often fails to ascertain the proper depth before beginning to operate. Frequently, he uses either the presence of tingling in the area as his guide or else he tests by stroking the region or pricking it slightly with a sharp instrument. Since the progression of sensation loss is light touch, pain, temperature, and finally, deep pressure, it is obvious that the patient may not feel the stroking finger or the light prick while pain can still be perceived. Moreover, when tingling sensations are present, it indicates paresthesia or hyperesthesia and definitely not anes-



**Fig. 1.** Use of rubber bite block to stabilize the mandible during exodontic procedures, thus avoiding injury to the structures of the temporomandibular joint.

thetia. The best test for anesthesia is a deep pressure stimulus.

An understanding of the order in which sensations disappear during block anesthesia also explains a number of other clinical phenomena which have sometimes been inadvertently considered as complications. A definite distinction must be made between analgesia (loss of pain sensation) and anesthesia (lack of feeling of any kind). An agent such as two percent procaine produces only analgesia. The patient can have a tooth extracted and not feel pain but pressure and temperature sensations will still be felt. The apprehensive patient frequently misinterprets these sensations as pain and reacts accordingly, making it impossible for the dentist to continue the operation. A more potent anesthetic agent such as two percent lidocaine will eliminate all sensation and, therefore, induce better patient co-operation. Occasionally, during the extraction of mandibular teeth, the patient may complain of pressure or pain in the temporomandibular joint. These symptoms can be eliminated by using a rubber bite block to stabilize the mandible when removing lower teeth (Fig. 1).

Allergic reactions to local anesthetic agents are quite rare. Toxic manifestations, however, are seen somewhat more frequently.<sup>5</sup> These generally result from the intravascular injection of the solu-

tion. Such complications can be avoided by use of an aspirating syringe. This will also avoid the tachycardia and syncope associated with injection of the vasoconstrictor into the general circulation.<sup>6</sup>

With the proper choice of anesthetic or analgesic agent, the use of an aspirating syringe and a clear understanding of the regional anatomy, the number of complications occurring in conjunction with the use of local anesthesia should be extremely limited. Those which do occur generally are not of a highly serious nature. The large number of cases successfully performed with local anesthesia each day attests to the safety of this method.

### Operative Complications

**Fractured Roots:** The most frequent cause of root fracture during extraction is the improper selection and application of the forceps. The large variety of surgical instruments found in many offices reflects the failure of the operator to understand the basic principles of exodontia. The ideal forceps should have beaks sufficiently adapted to the contour of the tooth to provide a firm grip and and yet thin enough to allow them to be placed high on the root surface. The handle of the forceps should have the fewest number of angles necessary to provide access to the tooth. Having the beaks directly in line with the handle allows the most efficient application of force. Unfortunately, in the posterior part of the maxilla and in the lower jaw this type of design is not possible. In these areas it is essential to keep the beaks of the forceps parallel to the long axis of the tooth, even if the handle is placed at an angle.

Elevators are very useful exodontic instruments if used properly, but with injudicious use they can produce a considerable amount of damage to the adjacent teeth and bone. When possible, extraction of a tooth with a forceps is the preferable method. For the removal of roots, the elevator selected should be of smaller dimension than the root fragment. This limits the use of the ordinary

straight elevator to the removal of either whole teeth or large root fragments. For smaller fragments apical picks should be employed. A frequent error when difficulty is encountered in root removal, is the selection of a larger elevator and the application of additional force. If the apex cannot be displaced from the socket with a minimal effort, it is generally safer to perform an open view operation. The postoperative result of this procedure is superior to that obtained after repeated forceful elevation.

*Improper Flap Design:* Many of the untoward sequelae after the open view operation or other surgical procedures result from improper flap design. There are three important factors which determine the shape of a flap: 1) it should provide sufficient access, 2) it must have adequate blood supply and 3) the flap margins should rest on a firm bony base. Frequently, the dentist feels that he is rendering a better service to his patient if he works through a small incision. Actually, the end result is usually the opposite since the small flap provides inadequate access and it becomes severely traumatized by frequent retraction. A large flap, cleanly reflected away from the surgical field, will heal rapidly with a minimal amount of postoperative pain and swelling.

To provide the best possible blood supply for a flap, it should be designed with the base as wide or wider than the apex. Moreover, the fewer number of vertical side incisions used, the less the vascular interference. Care should be taken to make the incisions parallel to the larger blood vessels supplying the region. Generally, the arterioles in the attached gingiva run vertically, while in the vestibule they usually course somewhat more horizontally. In most areas of the mouth, however, the numerous vascular anastomoses allow some leeway in the direction in which incisions can be safely made. This is not true in the palate where incisions in a coronal plane sectioning the anterior palatine artery will frequently result in marked tissue necrosis.

Since a flap often temporarily derives

a portion of its nutrition by diffusion from the underlying tissue base, it is advisable to avoid placing the sutured wound margins directly over the operated site. This is particularly true when the surgical area consists of a defect in the bone which contains only a blood clot. Providing a good bony base not only allows for primary healing of the wound, but also minimizes the subsequent loss of contour of the alveolar process.

### Postoperative Complications

Pain, swelling and hemorrhage are the most common postoperative complications encountered. Occasionally, one or more of these undesirable sequelae will occur despite all precautions. On the other hand, if one understands the etiology of these disorders and the proper preventive measures, their incidence can be greatly reduced.

*Pain:* Postoperative pain may be either immediate or delayed. Some degree of immediate postoperative pain will occur in most cases after the effects of anesthesia have worn off and it can be considered a normal response to the trauma of surgery. During every extraction, for example, there will be macroscopic or microscopic fracture of the alveolar process as well as damage to the periosteum and periodontal membrane. Compression of the bone by elevators or other instruments may also occur unavoidably during certain exodontic procedures. On the other hand, there are many factors which give rise to postoperative pain which can be avoided by the dentist. The tissues should always be handled with the utmost care. The periosteum and mucous membranes are well supplied with unmyelinated free nerve endings and are, therefore, extremely sensitive. Sharp instruments must be used to avoid excessive trauma. One should see that no foreign bodies, tooth fragments, or bone chips are left in the wound. All injured bone should be removed, sharp edges smoothed and, whenever possible, the soft tissues should be sutured. Since excessive postsurgical edema can also produce pain, pressure

dressings and cold applications should be used when feasible.

In most cases postoperative pain lasts no more than 12 to 24 hours, although a traumatic periostitis may persist for several days. Ordinarily, this pain can be adequately controlled by analgesic drugs. For most effective use, these drugs should be administered prior to the onset of the pain. This means either before surgery is begun or immediately postoperatively. The patient should also be given specific instructions concerning the subsequent use of the analgesic preparation.

Pain lasting for longer than 48 hours or pain beginning 3 to 5 days after surgery is almost always due to infection. Such infection may involve either the alveolar bone (alveolar osteitis, "dry socket"), or the periosteum (infectious periostitis), or both structures simultaneously. Generally, these infections are self-limiting and the greatest problem arises in the relief of the associated pain. From the standpoint of effective treatment it is important to differentiate between an osteitis and a periostitis (Table 1). There is very little

in the way of local therapy for the control of pain in a periostitis. The application of external hot moist compresses and the use of warm normal saline rinses may afford some comfort. The use of systemic analgesics is probably the most effective method of reducing the pain.

Alveolar osteitis is the most common cause of delayed postoperative pain. The exact etiology is unknown but trauma appears to be a predisposing factor in many instances.<sup>7</sup> The pain is usually described as throbbing or gnawing in character and is due to the chemical and thermal irritation of exposed nerve endings in the periodontal membrane and alveolar bone, following the loss of the protective blood clot. In a high percentage of cases there is also referred pain to the ear. Treatment is directed primarily toward the relief of the pain and can be accomplished in two ways. Local therapy should consist of irrigation of the socket to remove necrotic material or other debris, followed by the application of either an obtundent (eugenol, or

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TABLE I  
DIFFERENTIAL DIAGNOSIS OF PERIOSTITIS AND ALVEOLAR OSTEITIS

	PERIOSTITIS	ALVEOLAR OSTEITIS
(1) <i>Etiology</i>	Usually traumatic—may be secondarily infected	Usually bacterial—trauma can be predisposing factor
(2) <i>Onset</i>	Immediately postoperatively	3-5 days postoperatively
(3) <i>Signs and Symptoms</i>		
(a) Character of pain	Deep boring or gnawing	Throbbing
(b) Referred pain	Absent	Frequently to ear
(c) Blood clot	Normal	Necrotic or absent
(d) Adjacent mucosa	Inflamed, tender, swollen	Normal
(e) Temperature	May be elevated	Usually normal
(f) Odor	Absent	Fetid
(4) <i>Duration</i>	2-4 days	7-10 days
(5) <i>Treatment</i>	a) Cold compresses first 24 hrs.; hot compresses thereafter. b) Analgesic drugs	a) Warm saline rinses b) Hot moist compresses c) Local application of obtundent or topical anesthetic d) Analgesic drugs

# NEWS AND ANNOUNCEMENTS

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## **FREDERICK W. MERRIFIELD** **1887-1958**

Dr. Frederick W. Merrifield, 70, died January 6th at his home in Wilmette after a long illness. He was born in Plymouth, England, and had a distinguished career in dentistry and medicine. He was Professor Emeritus of surgery at Northwestern University Dental School and Associate Professor Emeritus of surgery at the medical school. He was a graduate of both schools and practiced extensively in oral and maxillo-facial surgery.

He was chairman and one of the founders of the Cleft Lip and Palate Institute of the medical school, staff member of the Passavant, Children's and Evanston Hospitals, a fellow of the American College of Surgeons, the Chicago Institute of Medicine and the American Association of Plastic Surgeons. He was a Director of the First Federal Savings and Loan Association of Wilmette, a member of the University Clubs of Chicago and Evanston, Delta Sigma Delta and Alpha Kappa Kappa fraternities. Thousands of the alumni of the dental and medical schools will remember him for his ability and his warm, genial personality.

Dr. Merrifield is survived by his wife, Katherine; a daughter, Martha, and three sons, Robert B., W. F. David, and John.—*Paul H. Hoefel.*

## **SAM KLEIMAN IS CANDIDATE FOR COUNTY COMMISSIONER**

Dr. Sam Kleiman, past-president of the Chicago Dental Society, will be a candidate for County Commissioner on the Republican ticket, it was recently announced. Sam has long been active in the affairs of the Society and hopes to render an even broader service to the people of Cook County by seeking election to public office.

## **FRED W. GETHRO** **1873-1957**

On December 31st Dr. Fred Gethro, one of Chicago's patriarch dentists, passed away at his home after a lingering illness. Fred was born in Boston and came to Chicago to attend Northwestern University Dental School from which he was graduated in 1899. He taught at his alma mater for more than 25 years as well as carrying on a very active private practice. For more than 58 years he served his fellow men as an outstanding professional man and as a friend.

He was very active in the affairs of organized dentistry, was a past-President of the Chicago Dental Society, a member of the American College of Dentists and many other dental organizations. No matter where he served it was with distinction and honor and his friendly good nature was his hallmark.

To those who remain, the knowledge that Fred gave so much to his profession, to his professional brother, and the patients whom he served so well, will be a real source of comfort. Because he served well our lives are richer and the world better.

To Mrs. Gethro and her family the very deep and sincere sympathy of all of us.—*Elmer Ebert.*

## **N.U.D.S. HOMECOMING**

The annual Homecoming of Northwestern University Dental School alumni will take place on April 23rd at the School. Table clinics will be presented from 9:00 a.m. to 12:00 noon; complimentary luncheon from 12:00 to 1:30; business meeting and presentation of 50-year class from 1:30 to 2:30. At 3:00 p.m. in Thorne Hall, the Edmund Noyes Memorial Lecture will be presented by Dr. Harold J. Noyes, Dean of the University of Oregon

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# NEWS OF THE BRANCHES

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## North Suburban

The Midwinter Meeting will be but a memory when this is read, but as we write this column, we are reminded of the many members of the North Suburban Branch who have donated their time for dentistry's "greatest show on earth." Those who stay up in the wee hours of the morning may have heard Jim Lynch's plug on the Chez Show at 1:30 in the a.m. Fred Verink headed the all-important General Arrangements Committee; Ed Sullivan, the Publicity Committee, and Bob Christopher co-chairmanned the Essay Committee. If Norman Olsen looked more attentive than ever, it was because he will head next year's program. Our thanks to these men and the many clinicians and committee members of ours and our brother branches who have done such a fine service to dentistry. . . . From the *Printer's Notebook*, comes the following contribution:

"I felt his breath on my cheek  
And the gentle touch of his hand;  
His very presence near me  
Like a breeze on desert sand;  
He deftly sought my lips,  
And my head did gently hold;  
Then he broke the silence with,  
'Shall the filling be silver or gold?'"

Doug Cook has a bit of advice for those who venture out in snowstorms: "Don't do it." Doug set a new record for driving to the Wagon Wheel: 12 hours from Evanston to Rockford. He spent 8 hours in one roadblock, which gave him ample time to ponder whether anyone way up ahead had thought to call for help, and if those in charge knew what they were doing. . . . Bob Jans closed his Highland Park office the first of February. He has decided to limit himself to Evanston, and to take up eating lunch again. . . . We were sorry to hear of Martin Pesek's skiing accident in Wisconsin. He suf-

fered a hairline fracture of the skull, but fortunately there was no concussion. At this writing, he has just returned to full time work at his office. . . . Under the title of vital statistics, we note a few changes: Jim Keith gave his daughter, Sally, away in marriage over the Christmas holidays. Carl Brasmer, Hal Chason, and Pinky Stine have all recently added to their list of grandchildren. The Stine's new grandson was born to their son Corvin, a senior dental student at Loyola. Hans Grosskreuz and Jay Welborn have joined the ranks of parenthood. It was a girl for Hans, and a boy for Jay. Our last entry is a sad one. It is the passing of Fred Merrifield. His last few years after his illness were hard ones, but Zeke Smothers tells us that he kept his fine good humor up to the end. Those of us who were fortunate to be his students will remember his scholarly lectures and his fine wit. He was both a dentist and a physician, but his heart always remained with dentistry. He will be missed.—R. G. Fischl, *Branch Correspondent*.

## West Side

With the coming of the annual Midwinter Meeting of the Chicago Dental Society our thoughts of the past meetings with the wonderful speakers our Branch has recently enjoyed fade into the background temporarily and gladly back-seat to this truly magnificent spectacle and meeting of our dental society. It is with pride that we realize that as a result of the activities and progress made by our society, thousands of dentists from all over these United States will have come to participate in these grand doings and feast on the vast array of dental progress. When this column comes to print all this will have passed but the memory will surely live on through the year. It is with a deep gratitude that we thank the Chicago Dental Society, the officers, the

chairmen of the various committees, all the members who have contributed time and industry, the many fine clinicians, the many commercial houses, and all others who will have contributed to this progress. Realizing the tremendous undertaking to the present time it is not so difficult to express thanks a short time prior to the beginning of activities. The volume of contribution by our members is immeasurable but definitely has and will add up to a grand Midwinter Meeting. The actuality of the meeting is a great tribute to the progressiveness and desire of the Chicago Dental Society to further the cause of dentistry. Here's hoping that in the best manner available each member of our West Side Branch will have attended and participated in as much of this activity as possible. This is definitely our way of showing our gratitude and appreciation for all the effort that has been expended in our behalf. . . . Our Branch has had its many outstanding speakers and our interest has reached a new high. Let's continue this spirit of cooperation and interest. The Branch has been dispensing plenty of refreshments before and after and a good and enjoyable time is assured for all in attendance at our meetings. Be seeing you soon.—*Andrew J. Kelleher, Branch Correspondent.*

## Northwest Side

Our speaker for the March 4th meeting will be Dr. W. George F. Schmidt; his subject, "Disharmonies of Occlusion: A Method for Their Correction." Summary of program: Occlusal disharmonies may result in clinical symptoms involving the temporomandibular articulation, and in the breakdown of the supporting tissues of the teeth. This presentation covers a method of diagnosis and means of correction. Markings on casts will show where these interferences occur and how they can be eliminated. . . . Stanley Rogers, Jim Griseto, and Rudy Basile attended the Workshop on Hypnosis—the original reporter did not include their names in his report. . . . The

Arcolian Dental Arts Society will hold its annual dinner-dance at the LaSalle Hotel on February 15th. The President this year is Dom Aiossa. The members of Chicago Dental Society are invited to attend. . . . Joe Krynicki drove out to Hollywood and Burbank, Calif., to visit with one of his former patients. While there, he met Correl and Gosden who are "Amos and Andy," the famous radio comedians. . . . Viggo Sorensen will read a paper on Oral Surgery at the Nebraska State Dental Meeting in Omaha in April. . . . Don Mammen's son is a senior in high school and he is scouting around for a college acceptable to him. This school problem is tough when you don't have a definite objective. I know from experience. . . . Send your news items to *James J. Guerrero, 5522 W. North Ave., or phone MErrimac 7-4474.*

## North Side

Here I go playing correspondent again. Henry Parkin decided to take it easy this month and so once more I am given the great pleasure of racking my brain for news and trying to write this column when I should be lying on the sofa in a 2 x 4 room we call a "den" watching a Western on television. Since I have to pack the column, I might as well do it with news of my family. My number one son of 2 years of age has the habit of telling me to "sit" and I find myself now impatiently pointing to the dental chair and telling my patients, "sit-sit." He also says "Hey, you!" Never mind about my number two son, he keeps me awake all night. . . . Now to invent some news about my North Side Branch friends. If your name doesn't appear here (a) you are either not my friend, (b) the REVIEW cut it out or (c) you did not call in to give me any news. . . . Harold Sitron moved from his former home in Evanston to a new one in Skokie. . . . Great White Hunter Warren Gerber trapped and caught a mouse in his basement which he calls a Rec room. Warren just returned from Florida where he met Paul Brown. The two were caught in the

storms that hit the resort area. They should have stayed home like the rest of us did. . . . Howard Adilman went spear fishing off the Bahamas. He tells me he took one lesson in the hotel pool and then he was on his own. He speared a Moraine eel. (It only proves what money can do.) And, after he discovered what he had, he was very frightened. . . . Ted Siegel returned from a trip to Canada and Max Chubin from New York. . . . Morrie Fein is also recently back from a cruise to the Caribbean. . . . Otto and Mrs. Larsen recently returned from a visit to his daughter in Wyoming. He will be grandpa again very shortly. . . . I never knew that Russell Boothe recently graduated from Law School. When I asked him for news for the column, he said, "Write that I am getting old!" . . . Frank Amaturro regrets that he missed the North Side Town Hall meeting due to the passing of his mother-in-law. . . . Al Gerber has been confined to bed with the flu. . . . Ben Block was out for four days with it. . . . Leonard Gelfand also took off from work and called it the flu. . . . Joe Stillerman's son was confirmed and Joe and Reva planned a beautiful

and dignified ceremony. . . . Ronald Rothenberg ran Big Brother Night for Alpha Omega at the Belden Stratford Hotel, and it was very successful. . . . Here's wishing speedy recovery to Mrs. Marv Treiber and Mrs. Jules Hazekorn. Both have recently been ill. . . . Danny Silberberg is remodeling his office and rumor has it that a group of the fellows who went into Old Orchard spent the price of a small house to furnish theirs, (and I heard how much—wow!) . . . Herman Medak is working for a Ph.D. at U. of I. and Bob Margolis is working to panel a Rec room in his home. . . . The Uptown Forum is now meeting at the Town House and Dr. Graber recently gave a fine lecture on Thumb-sucking to the group. . . . I am still getting calls from fellows interested in information on radiation badges and so I mention it again. Take it, and find out exactly the amount of radiation you are exposing yourselves to each week. Call me if you want information. The cost is minimal. (That ought to interest you.) . . . E. J. Berlant's son received a nice position in the U. S. Army. Doing something in

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## Illinois State Dental Society Annual Meeting

Springfield, Illinois

MAY 12, 13 and 14

Plans for an outstanding scientific program with such well-known essayists as Harry Klenda, Lester Burket, Frank Wentz, William McCracken, and R. W. Phillips providing a well-rounded program of essays and projected clinics, are now complete.

On Tuesday afternoon, a well-diversified table clinic program will be presented from 2:00 to 4:30 p.m. Monday afternoon will be devoted to the sports' program. The usual social activities will also be held but we are just giving you an early preview of what's in store for you in Springfield on the above dates.

A word to the wise—make those plans now and send for your hotel reservations as early as possible.

Mark off above dates on your appointment book.

CARL MADDA, *Program Chairman*

WALT WITTHOFFT, *Publicity Chairman*

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guaiacol) or a topical anesthetic (butyn sulfate, benzocaine, etc.). The drug may be applied on a piece of sterile gauze or in the form of a paste. In addition to the local therapy, antipyretic analgesic drugs (aspirin, a.p.c. mixture) or narcotics, such as codein sulfate, meperidene (demerol) or morphine sulfate should be prescribed for the patient. The agent of choice depends upon the severity of the pain. The indiscriminate use of narcotics, including codein, should be avoided, however, because of possible addiction.

Curettage should never be employed in the treatment of alveolar osteitis since it not only predisposes to the spread of infection, but also destroys any previous attempts at normal healing and exposes healthy tissue and additional nerve fibers to oral contamination. Moreover, since the socket is already infected, any new blood clot will also be subsequently destroyed.

The routine use of antibiotics in alveolar osteitis has been frequently recommended. Since the major problem is one of pain control rather than of unlimited infection, there is some question as to the advisability of this practice. Certainly the use of antibiotics alone is an ineffective method for the relief of the patient's pain.

The control of pain in oral surgery, as in all other branches of dentistry, presents an interesting challenge to the dentist. Many problems still exist, for which there are as yet no definite answers. Nevertheless, by accurate diagnosis, careful anesthetic and surgical technique, and adequate postoperative management, the dentist can do much to limit the pain experience and add to the relative comfort of his patients.

**Swelling:** The degree of swelling which occurs postoperatively is often in direct proportion to the degree of surgical trauma. It is evident, therefore, that by careful handling of the tissues, the dentist will be taking the first important step to reduce the incidence of this complication. The application of cold to the operative site is also beneficial in diminishing the amount of postoperative swelling. Cold acts by producing vasoconstriction and thereby reduces the exudation of fluid into the tissue spaces (Fig. 2). This agent must be used intermittently, however, since prolonged use of cold leads to compensatory vasodilatation and thereby defeats its original purpose. Ordinarily, it is applied for 20- to 30-minute intervals during each hour. Pressure dressings are also beneficial in limiting postoperative swelling (Figs. 3, 4).

Once the swelling has reached its

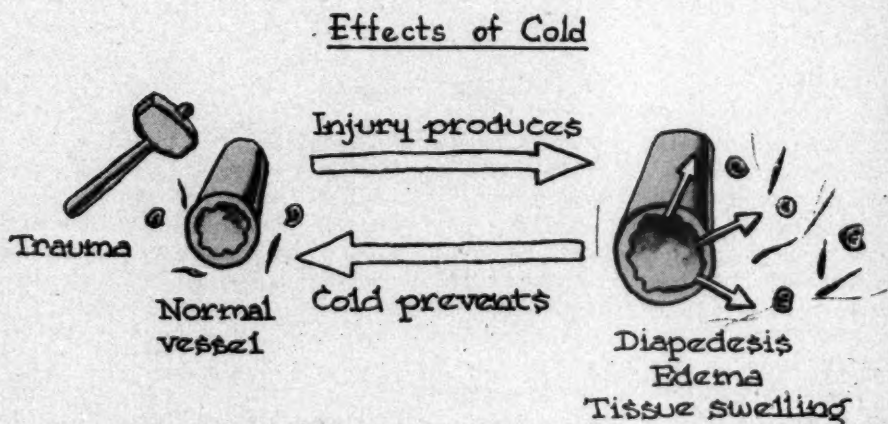


Fig. 2. Trauma as a result of surgery produces vasodilatation with exudation of fluid into the tissue spaces. This is partially prevented by the intermittent use of cold compresses.



**Fig. 3.** The use of a pressure dressing to decrease the amount of postoperative swelling following surgery in the anterior part of the mouth. Folded gauze pads are placed over the lip and held in position by crossed strips of adhesive tape or elastoplast. A similar technique can be used for either the upper or lower jaw.



Fig. 4. Pressure dressing used to prevent excessive postoperative swelling after surgery in the posterior part of the mouth. It consists of fluffed gauze held by an elastic bandage. Pressure dressings should be left in place for 24 hours.

maximum (after 24 hours), cold is no longer effective and heat, in the form of moist compresses, should be applied (Fig. 5). This leads to vasodilatation, with increased circulation, more rapid removal of toxins and tissue breakdown products, and greater influx of defensive cells and antibodies. As in the case of cold, continued use of heat leads to a reversal of the desired hemodynamic effect. It too should be used intermittently (20 to 30 minutes per hour).

Both antihistamines<sup>8</sup> and the enzyme, hyaluronidase<sup>9</sup> have been recommended for use in preventing or reducing postoperative swelling. Hyaluronidase acts by producing a disaggregation of the connective tissue ground substance, allowing a redistribution of the edema fluids. In addition to the possibility of this allowing the spread of infection, one must consider whether some degree of swelling does not represent a desirable physiologic response to injury.

The antihistamines are supposed to prevent swelling by antagonizing the action of histamine, a substance liberated from injured cells which has the ability to increase capillary permeability. There have been conflicting reports in the literature concerning the efficacy of these agents.<sup>10,11</sup> Considerable difficulty is encountered in evaluating the results be-

cause the effect of the antihistamines is definitely not of an "all or none" nature. That is to say, some degree of swelling develops in most cases, despite use of the drug. Such unspectacular results suggest that the antihistamines are also not the answer to the problem of preventing postoperative swelling. At present, gentle handling of the tissues during surgery, and the use of the thermal agents afterwards, appears to be the most consistently effective way of dealing with this complication.

**Hemorrhage:** The incidence of postoperative hemorrhage can be reduced to a minimum by suturing most extraction wounds, by having the patient bite on a sterile gauze pack for 20-30 minutes after surgery, and by giving explicit instructions to avoid early rinsing and disturbance of the blood clot. Suturing is not only beneficial in establishing hemostasis, but it also serves to decrease the size of the wound and thereby facilitates repair. The necessity for the patient to return for suture removal should be considered an advantage, since it allows proper evaluation of the healing process and the early interception of possible undesirable sequelae.

The low incidence of postsurgical hemorrhage does not justify the routine use of absorbable packs in extraction wounds. When exposed to the oral fluids, such materials are readily decomposed by proteolytic bacteria and the end result is

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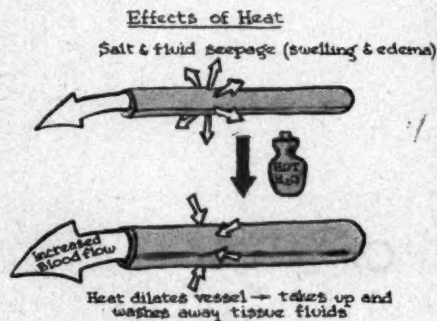


Fig. 5. The intermittent application of hot moist dressings produces local vasodilatation. The resultant increase in blood flow aids the redistribution of excess tissue fluids.

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## APPLICANTS

(Continued from page 18)

**DiFRANCESCA, PETER A.** (Loyola 1950) West Suburban, 1808 N. Broadway, Melrose Park. Endorsed by Sam A. LiVaccari and D. F. O'Connell.

**FLEMING, EUGENE P.** (Northwestern 1957) West Suburban, 7579 Lake St., River Forest. Endorsed by Richard N. Lamer Mayer and Irwin E. Wallis.

**GOEPP, ROBERT A.** (Loyola 1957) Kenwood-Hyde Park, 950 E. 59th St. Endorsed by Frank J. Orland and Robert D. Fencil.

**GRIPPO, FRANK C.** (Loyola 1938) West Side, 4010 W. Madison St. Endorsed by Adolph F. Stark and W. A. Whittaker.

**HITZ, L. JAMES** (Loyola 1957) North Suburban, 327 S. Milwaukee Ave., Libertyville. Endorsed by Wm. S. Sherwood and Ralph C. Pomierski.

**MENDELSON, MARK J.** (Illinois 1952) North Side, 4753 Broadway. Endorsed by William T. Osmanski and James S. Harris.

**RALPH, JAMES A.** (Illinois 1957) West Suburban, 1401 W. 47th St., LaGrange. Endorsed by Earl D. Emery and Robert E. Brewer.

**ROBINSON, JOHN E., JR.** (Buffalo 1952) Kenwood-Hyde Park, 950 E. 59th St. Endorsed by Daniel W. Mitziga and F. J. Orland.

**WALZAK, WALTER A.** (Loyola 1957) Northwest Side, 3836 W. Fullerton Ave. Endorsed by Louis P. Alonzi and Frank M. Lucatorto.

**WOOTEN, JAMES W.** (Northwestern 1957) Service, Walker AFB, N. Mex. Endorsed by J. R. Schumaker and A. F. Romnes.

## THE PREVENTION OF FREQUENT COMPLICATIONS IN ORAL SURGERY

(Continued from page 16)

often an infected socket devoid of a blood clot. Even when the pack is sutured beneath the gingiva and incorporated in the clot, it still acts as a foreign body and delays wound healing. Packing is indicated only when pressure or suturing alone is ineffective in arresting the hemorrhage. A gelatin type material is preferable to an oxidized cellulose pack since it has been demonstrated experimentally that a cellulose packing retards bone formation.<sup>12, 13</sup>

The routine use of either calcium or vitamin K in persons with a history of previous hemorrhage can be an extremely misleading practice. Patients with a calcium deficiency sufficient to produce tetany have been shown to possess a normal clotting time. Thus, from a clinical standpoint, there is always enough calcium in the blood for proper clot formation. Administration of additional calcium is therefore a useless procedure which can only result in a false sense of security.

Vitamin K, the precursor of prothrombin, is only beneficial when bleeding is due to a prothrombin deficiency. Even in such cases, however, its effectiveness will depend upon the route of administration and the ability of the liver to utilize it. When a patient is prothrombin deficient because of inadequate ingestion, oral administration will be sufficient to restore normal function. If, on the other hand, the deficiency is due to improper

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absorption from the intestinal tract, the parenteral route must be used. When liver damage exists, as in cirrhosis, conversion of vitamin K to prothrombin will not occur despite either oral or parenteral administration. In such instances, only replacement of prothrombin by blood transfusion will serve to reestablish the normal clotting mechanism.

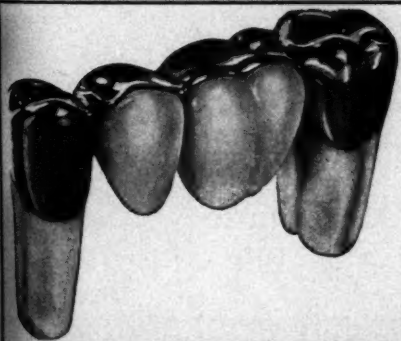
In most patients, excessive postoperative bleeding is due to local hemodynamic factors rather than from an impairment of the clotting mechanism.<sup>14</sup> When a defect in clotting is suspected, however, determination of bleeding, clotting and prothrombin time, and a platelet count are helpful in diagnosis. Only when the exact reason for clot failure has been established can proper preoperative and postoperative precautions be instituted.

### Summary

There are very few complications arising in oral surgery which cannot be avoided. Therefore, although the treatment of these conditions must not be minimized, the emphasis in this paper has been placed on their prevention. By striving toward this goal, the dentist will be able to render his patients a better service and will do much to lessen their apprehension toward oral surgery.

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## NEWS AND ANNOUNCEMENTS

(Continued from page 10)

Dental School. There will be no registration fee.—*Norman H. Olsen, Chairman, Publicity Committee.*

### CLINICIANS WANTED

There are some places as yet unassigned for the Northwestern University Alumni Homecoming Day, April 23rd. Anyone interested in presenting a table clinic of interest to the general practitioner on that day from 9:00 a.m. to 11:30 a.m., kindly call Dr. Peter B. DeBoer at PEnsacola 6-3666, or write to 4013 Milwaukee Avenue, Chicago.

### WISCONSIN MEETING

Members of the Chicago Dental Society are invited to attend the 88th Annual Meeting of the Wisconsin State Dental Society, to be held at the Auditorium, Milwaukee, Monday, April 21 through Wednesday, April 23.

The meeting will open with a session of table clinics at 10:00 a.m. on Monday. Dr. W. R. Alstadt, President of the American Dental Association, will address the members at 3:00 p.m., also on Monday. A program of ten study courses has been arranged in addition to the essays, and technical motion pictures will be screened throughout the meeting.

The Schroeder Hotel, Milwaukee, will be the headquarters hotel and those who

plan to attend the meeting are urged to make arrangements directly with the hotel of their choice at an early date. Further information may be obtained by writing Mr. Kenneth F. Crane, Executive Secretary, 704 W. Wisconsin Avenue, Milwaukee 3, Wisconsin.

### INDUSTRIAL DENTISTS WILL MEET

The fifteenth Annual Meeting of The American Association of Industrial Dentists will be held during the Industrial Health Conference at Atlantic City, New Jersey, April 21, 22, and 23. Headquarters will be at the Chalfonte-Haddon Hall. An interesting program has been arranged. All those interested are cordially invited.—*Edward R. Aston, D.D.S., Secretary-Treasurer.*

### C.D.A.A. NEWS

The next meeting of the Chicago Dental Assistants Association will be held on March 20th, 8:00 p.m., at the Palmer House. Dr. Stanley D. Buckner will speak on "Philosophical Approach to Human Relations in Dentistry." The slate of new officers will be presented.

The North Side Branch of C.D.A.A. will meet on March 11 at the Villa Sweden Restaurant. Mrs. Beatrice Smith's discussion on "Detection of Cancer" will follow dinner and the business meeting at 7:00 p.m.



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The South Side Branch will hold its meeting on March 11 at 7:00 p.m. at Nielsen's Restaurant. "Rehabilitation of the Mouth" will be the topic of Dr. P. B. Christensen's talk.

West Suburban Branch of C.D.A.A. will hold a meeting on March 11 at Otto's Restaurant in Forest Park, with dinner at 7:00 and the business meeting at 8:00. There will be a guest speaker. —*Anne Marie Gattone, Publicity Chairman.*

## 1958 COURSES OFFERED BY UNIVERSITY OF TORONTO

The University of Toronto, Faculty of Dentistry announces the following short postgraduate courses:

March 10-14: "Orthodontics for the General Practitioner"—enrollment limit, 12.

April 21-25: "Dental Oral Surgery and Anaesthesia"—enrollment limit, 12.

Address inquiries respecting enrollment to: The Chairman, Division of Postgraduate Studies, Faculty of Dentistry, University of Toronto, 230 College Street, Toronto 2-B, Ontario.

## SOCIETY'S ATTORNEY BRIEFS THE STATE'S ATTORNEYS OF ILLINOIS

At the 61st annual meeting of the State's Attorneys Association of Illinois, John Porter, our attorney, gave an outstanding presentation of the problems

which are met in enforcing the Dental Practice Act. He pointed out the difficulty in obtaining the necessary evidence to bring a conviction, the reluctance of witnesses to testify, and the difficulty in getting the judiciary to realize the serious dangers of illegal practice to the health of the public. It was a wonderful opportunity for John to draw on his vast experience, obtained in the last six years, to suggest ways and means of obtaining the most effective methods of enforcing the Dental Practice Act. We are certain that because of this opportunity we can expect a more vigorous enforcement program. —*E.M.E.*

## DECEASED MEMBERS

**Black, Rhea Edwin**, 6859 Stony Island Ave., Chicago; Northwestern University Dental School, 1923; member of Englewood Branch; died October 15.

**Grimm, Paul F.**, 5 S. Wabash Ave., Chicago; Loyola University Dental School, 1918; member of North Side Branch; died September 17.

**Maits, A.**, 1317 Milwaukee Ave., Chicago; University of Illinois College of Dentistry, 1920; member of Northwest Side Branch; died September 1.

**Murphy, W. G.**, 7222 S. Exchange Ave., Chicago; Loyola University Dental School, 1928; member of Englewood Branch; died September 20.

**Rosenberg, I. W.**, 1957 E. 71st St., Chicago; Loyola University Dental School, 1925; member of Kenwood-Hyde Park Branch; died August 21.

(Continued following page)

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(Continued from page 25)

Wroble, Ray J., 3836 W. Fullerton Ave., Chicago; Loyola University Dental School, 1931; member of Northwest Side Branch; died October 16.

## MICHAEL REESE SPONSORS HISTOPATHOLOGY STUDY CLUB

The Department of Dentistry of Michael Reese Hospital Medical Center has assumed sponsorship of the Histopathology Study Club, effective January 1st, according to Dr. Saul Levy, chairman of the department. It was formerly associated with the Colorado Dental Foundation and has a national and international membership of 110 members. Dr. Balint Orban, one of the Club's founders in 1949, will continue to direct the histopathology section of the Club. All inquiries should be addressed to Histopathology Study Club, Dental Department, Michael Reese Hospital, Chicago 16, Illinois.

## NEWS OF THE BRANCHES

(Continued from page 13)

Psychology and Father hopes he hasn't found a home there. . . . Al Mark showed some films of his tour of duty in Hawaii. He did find a home there.—*Harold Rabin, Assistant Branch Correspondent.*

## Englewood

It's nice to be back with the column again. Now, if we had a good accumulation of news items we could approach this task with less trepidation. . . . Correspondent Louis Weil spent three weeks cruising in the Caribbean recently. Trouble with a vacation like that is coming back to the packed snow, slippery ruts *et al*, to say nothing of the rampant flu bug. . . . Reuben Anderson just returned from a three-week California jaunt. . . . Marion Hopkins thinks nothing of driving a four-hundred-mile round trip just to release a few shafts at the BUTTS (archery terms). Mal Brook says: "Must be the Sioux in him. Butt, isn't there a little sue in all of us?" Ouch! . . . Speaking of Mal, did you know he attended the Northwestern University closed circuit TV show? . . . Yours truly brought a couple of *Play Boy* magazines to ailing Ray Pier recently. Figured if anything would perk him up the mags would. . . . We understand that Krzeminski, Klabacha, Radochonski and Dix are working on improving their poker technique after bowling a couple of frames. . . . Capt. E. J. Gasior, son of T. A. Gasior, recently completed the company level officer course at the Army Medical Service School, Fort Sam Houston, Texas. He will be assigned to Fort Devens, Mass. . . . Otto Wagner took a quickie vacation down South to rest up for his new job of program chairman for the Kiwanis Club of the Stockyards area—the job which yours truly just relinquished. . . . Matt Deplewski was unanimously elected to a local Temperance committee. . . . "It's a small world" department—this year's batch of Christmas cards included some from Kenya Colony, Nairobi,

Africa; Sydney, N.S.W. Australia; Auckland, New Zealand; Brussels, Belgium; Warsaw, Poland; and Calumet City. . . .

Tom Fleming, Sr. is wearing a grin as big as Saskatchewan, Canada (his home town) these days, and accepting congratulations on the birth of his first grandchild, Susan Elizabeth. Little Susan is Tom Fleming Junior's pride and joy.

. . . Francis Straka, whose hobby is collecting, is now concentrating on a complete collection of war medals. . . . Julius Dziubak was so busy settling down with his bride of one year that he didn't have time to sail his boat. . . . Reason our sidewalks in Beverly are so clean and free from snow—a very efficient snow plow, thanks to Jack Thompson, who is active in the Beverly Improvement Association.

— *Marion F. Kostrubala, Assistant Branch Correspondent.*

## West Suburban

By this time you have all been to the Midwinter Meeting. We hope that you have returned to your offices with some new concepts of the changes and advances in this jet age of dentistry. It is because of our West Suburban interest in all the new things that for this issue it has been almost impossible to dig up news of the past. However, I have information from various sources that our next branch meeting should prove to be most fiery and interesting. With our technological advances stowed away, it seems that we may all have an active hand in the politics of the branch. With hints of possible political turmoil, you are hereby alerted to the fact that our next meeting will be a humdinger. Be sure to call the

dinner chairman and place your reservation up close to ringside.

## Proposed Election Slates

Two slates have been named for the election on March 11. The first, named by the official nominating committee lists Howard Buchner for Branch President, Jack Opdahl for Branch President-Elect, Joseph Brophy for Vice-president, Weston Olsen for Secretary, Robert Atterbury for Treasurer, Leroy Sanden for Librarian and Richard A. Anderson for West Suburban Branch Director to the Chicago Dental Society. The second slate named by twenty-five members of the Branch in good standing lists Howard Buchner for President of the Branch, Jack Opdahl for President-elect, Joseph Brophy for Vice-president, Weston Olsen for Secretary, Robert Atterbury for Treasurer, Leroy Sanden for Librarian and Edward Kritzke for West Suburban Branch Director to the Chicago Dental Society. Wallace Kirby is listed on both slates for the office of Director of the West Suburban Branch. . . . By this time we are well enough along in '58 to have put aside or forgotten all the new resolutions we made at the close of '57. In the hope that you all will enjoy a check and review of some of the things that make a practice a little more than just routine, we submit the following suggestions. Since most of us are serious about our work, sincere in our technical efforts, and perhaps a bit introverted in our attitudes; may I remind all that many times SMILES will make the day, create goodwill, and do not increase office overhead. This is all done with less fatigue, a SMILE uses far less facial muscular effort than the sour sourpuss. If you are

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like I am, one thing is for sure and that is I need a shot in the arm every so often to make me see things in the proper light. We call our office help to see the beauty and natural appearance of a newly placed bridge, why? Shucks, all we are looking for is praise, but do we dish it out in kind to that wonderful girl in white that stands along side of us day in and day out. I charge myself and YOU with a most pleasant task TODAY not TOMORROW, tell your assistant how nice she looks, how fine she works with you, and how you appreciate her efforts in the office. DON'T do it if she doesn't have it coming, but if she does and most do, give with the honest and sincere appreciation. Your girl will love it and you will feel better for the doing. Gad, an idea, you might even try this on your wife. Remember she is a good cook, a pal, and a wonderful mother for your kids. . . . Have you a copy of *Trubyte Practice Building Suggestions*? They are great and we would like to quote a few ideas from this fine collection. AIDS to a PLEASANT PERSONALITY. HEALTH: If you are not well mentally and physically, you'll find it very difficult to be cheerful and pleasant. HONESTY: Your word must be your bond. Keep promises. Tell patients the limitations as well as the advantages of dentistry. ABILITY: When you are sure of your ability, you possess self-confidence. Advance your professional skills by taking postgraduate courses occasionally. INITIATIVE: What remuneration you obtain from your practice depends on your interest and your efforts. TACT: Most of your patients are in poor health. Some are especially sensitive to the slightest criticism. ENTHUSIASM: Those who are successful love their work

and enjoy talking about it. ENERGY: No one likes to be around those who are continually indifferent. Don't delay a service for a patient simply because you are "indisposed." TOLERANCE: Most arguments arise because we say what we feel is right without thinking of the other fellow. CHEERFULNESS: You get along better with a person who is cheerful. Assume that if you are cheerful people will get along better with you. MODESTY: Make the other fellow feel he is important. Don't try to impress people with your success. UNSELFISHNESS: Think of others. Make them aware of your interest in their improvement. SELF-RELIANCE: Go around with the feeling that you are thoroughly able to take care of yourself and you will be surprised how many will volunteer to help you. HELPFULNESS: Your helpful suggestions are always appreciated by the other fellow. Don't however, offer advice when not solicited. APPEARANCE: Good appearance increases your self-respect, sense of well-being and self-confidence. Pretty potent stuff, isn't it?—  
*John Silberhorn, Branch Correspondent.*

## Kenwood-Hyde Park

Congratulations are in order for Walt Dundon, Wayne Fisher and their associates for the tremendously successful Midwinter Meeting. We also congratulate their wives for their direct work and unselfish contribution of personal and family time to help make the meeting a memorable one. We express our gratitude to those of Kenwood-Hyde Park who gave clinics, essays, *et cetera*. Limited attendance clinics were given by Bennett Klavan, and Bob Pinkerton. Table

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Clinics were presented by Roy Eberle, Howard Shepard, R. M. Morange and S. F. Bradel. Projected Clinics were shown by Dave Torch and Seymour Yale. Les Boyd was moderator for a panel discussion. . . . Bill De Larye was a victim of the recent Northwestern train wreck and is wearing a cast about his neck to prove it. Hope he's back to normal routine soon. . . . Manny Katz is out of the hospital and is doing fine. . . . The flu bug had Jesse Carlton in bed for 10 days—now he's back at his office and is looking down in the mouth with his usual smile. . . . Clint Fisher's youngster, Janet, had her tonsils removed and is making a slow but sure recovery—so is Clint. . . . Richard Kaufman has just returned from Lost Wages, Nevada with a small fortune—he went there with a big one—and is back at his office making replacements. . . . We're all sorry to hear about the passing of E. Byron Kelly, Past-President of Kenwood-Hyde Park, teacher and contributor to dentistry. We express our sympathy to the family. . . . Dr. Rudolph H. Friedrich will be the featured guest at our next Kenwood-Hyde Park meeting on Tuesday, March 4th. As secretary of the A.D.A. Council on Dental Health, Dr. Friedrich is concerned with programs for improving the dental health of the public. These programs include those sponsored by Union-Management health and welfare funds, also other organized groups—health insurance plans, welfare plans and budget payment plans. His topic for the evening will be "More Dental Care for More People." His subject of discussion is extremely vital and timely—concerning your future and mine in the practice of dentistry. Don't forget to spend pre-meeting time with your colleagues, relaxing and enjoying an evening dinner. In addition, you might learn something that will be helpful to your own practice. Join your friends and laugh a little. Phone Ascher Jacobs, Plaza 2-5322, for dinner reservation. By the way, Ascher is in his 9th month awaiting the arrival of the stork. . . . See you person-to-person at the Sherry, March 4th.

—Henry H. Leib, Branch Correspondent.

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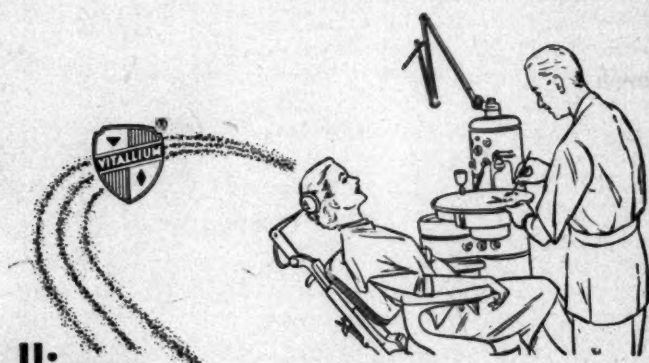
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